MICHIGAN DEPARTMENT OF EDUCATION SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION

INSTRUCTIONS: Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to VrettasA@michigan.gov.

CHECK THE APPROPRIATE BOX:	
Non-Profit Organization Public S	chool District
Section 1: Provider Identification	
Name of Entity <u>Accelerate to St</u>	ıccess
Name of Director Tracy Smith	
Address 9000 E. Jefferson #25-9	City Detroit State MI Zip 48214
Phone 313-331-1570 Fax	Email msessencee@aol.com
Proposed Location of Services (if different fro	om above):
Address	City State Zip
If different from Director: Name of Contact Person Christopher	
Address 9000 E. Jefferson #25-9	City Detroit State MI Zip 48214
Phone 313-93 0 -1053 Fax	Email carutherford@hotmail.com
Section 2: Provider Geographic Service Area 1. Our organization can provide services to: All local school districts/PSAs in Michi To only the following areas: (Please list	·
services to students:	dresses for the locations where you plan to deliver SES
Site Location #1: 2592 Coplin,	
Site Location #2: 13000 Essex.	Detroit, Michigan 48215
Site Location #3:	

3. Transportation – Provide information about accessionity to public transportation from your site.
Transportation is not provided. Parents and guardians
have the responsibility of getting their children to and from
the program. 4. Indicate if you are willing to provide services to eligible students at the school site:
Yes x No
* ************************************
Section 3: Provider Academic/Instructional Program Information
1. Subject Areas Covered - List all subject areas you address in working with students:
Mathematics, Reading , Writing
2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: 1st-8th
3. Time of Services – Indicate when you deliver services to students:
Before School X After School Weekends Summer Other
4. Mode of Instructional Delivery – Describe the methods by which your program delivers
instruction to students:
☐ Individual Tutoring
Online Web-Based Other
5. Schedule of Services - Indicate the length of each tutoring session and number of sessions per week
Length of Session 2 hours Number of Sessions per Week 3
6. Staffing – Indicate the type(s) of staff that provide instruction to students:
Certified Teachers
7. Special Populations Served – Indicate special populations you are able to serve:
Special Education Limited English Proficient Other
x special Education
Section 4: Provider Fees
Cost/Fee Structure – Check and complete the cost/fee structure you use:
\$ 60 per hour (unit of time, e.g., hour, week, etc.) per student.
\$\tag{flat fee}\text{ for (unit of time, e.g., month, semester, year) per student.}